IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

IN RE ORLANDO BABILONIA AYALA SSN #xxx-xx-0401 Debtor BANKRUPTCY 17- 00148 BKT CHAPTER 7

DEBTOR ANSWER & OPPOSITION TO §707(b)(1) & (3) MOTION TO DISMISS TO THE HONORABLE COURT:

ORLANDO BABILONIA AYALA through the undersigned counsel, respectfully states and prays that the §707(b)(1) & (3) Motion to Dismiss filed by the U.S. Trustee be denied and answers as follows:

ANSWER

- I. Statement of Jurisdiction Paragraph I does not require a response, if one is needed debtor admits to this Court's jurisdiction.
- II. Statement of Applicable Statutes & Rules Paragraph II does not require a response, if one is needed debtor admits that the sections of law cited therein represent essentially what the plain language of each provision so states. Debtor denies that any of the provisions used as support in the motion regarding abuse or bad faith apply to him and further asserts that Movant has not shown any elements of abuse or bad faith by debtor, nor has it shown ability to pay in a chapter 13 where debtor's negative disposable income is further increased, as shown in **Exhibit #1** attached herein that is a mock C13 Determination of CMI & Statement of Commitment Period, showing a negative disposable income of **-\$1,435.60**, using same CMI as in C7. With the burden of proof on the Movant, it is doubtful that Movant can prove its case.
- III. *Timeliness of Motion* The extension sought by Movant to file this motion at doc #18 on April 10, 2017 and granted by the Court at doc #19 on April 11, 2017, did not allow sufficient notice and opportunity to the debtor or any party, to oppose, nor was a hearing as required by the Code scheduled or heard. There was no cause to extend the time requirements of the Code and it is questionable

if the extension to file the motion to dismiss was timely sought. Debtor dutifully filed all his schedules and statements with his voluntary petition and appeared and was available for examination at the first duly scheduled §341 Meeting of Creditors. Furthermore, the U.S. Trustee did not appear by choice to the scheduled first §341 Meeting of Creditors on February 9, 2017, although Movant appeared at the March 9, 2017 meeting. Debtor did not cause any delay with all the required documentation timely filed and submitted to the Chapter 7 Trustee. Justification for the extension requested by Movant because "a review by the U.S.T. of debtor's schedules, statement of Financial Affairs, and other related documents has raised questions regarding his financial affairs" and that "the U.S. Trustee is in the process of finishing his review of debtor's testimony at the meetings of creditors, as well as several documents and evidence provided by him," does not provide "cause" to extend the time to file the subject motion to dismiss. The U.S. Trustee adds as further justification, yet still does not constitute cause that "furthermore, the U.S. Trustee is also performing research as to some of the legal issues presented by debtor's case." Debtor's case did not trigger any more or any less than any other chapter 7 filing and Movant had more than sufficient time and opportunity for the U.S. Trustee to review and evaluate its options under the Code within the statutory time constraints which exist to assure a debtor his fresh start.

a. No Statement of Presumed Abuse was filed by the U.S. Trustee within 10 days of the §341 Meeting of Creditors and as such, there is no issue that the Means Test determination of a negative disposable income and "no abuse' is correct.

IV(a). Statement of Facts & Argument - Debtor admits this un-numbered paragraph, but clarifies that the \$7,047.67¹ CMI includes an annual merit bonus that debtor received during the 6 months immediately preceding petition date, on account of work which debtor performed over the entire year and not just over any one six-month period. Debtor asserts that an annual bonus should not be added in its entirety and without apportionment, to other income that debtor earned over this six-month period, when performing "means test" calculation. Refer to Exhibit #2 which represents a mock C7 Means Test wherein the annual bonus constructively received at \$6,659.34 has been pro-

¹ Debtor's CMI will be further amended & increased to \$7,488.84, but continues to determine "DMI under abuse by \$212.69, or NO Abuse of 60 month DI <\$7,700." The net monthly loss is -\$84.36.

rated during 12 months, instead of the 6 months. Debtor will also further amend Schedule I to include the pro-rated monthly amount of the two bonuses, or merit bonus of \$554.95 + Xmas bonus of \$50, or \$604.95. For illustrative purposes and to assist the Court in reaching a decision, Exhibits #1, #2 & #3² attached herein should ultimately be used by this Court in its final analysis of this case.

IV(b). Debtor **admits** this second un-numbered paragraph.

IV(c). Debtor **admits** this third un-numbered paragraph, but **clarifies** that admittedly his 5-year-old son does not reside with him, but the father does have visitation of the child every weekend and is responsible for taking his son to medical appointments throughout the week with more than regular frequency and need unfortunately.

IV(d). Debtor **admits** this fourth un-numbered paragraph, but once again clarifies that an amended Schedule I will be filed as soon as debtor is able to sign the amendment with the 12-month pro-rated bonus, as a forward looking projection of monthly income, which also continues to show a net monthly loss of **-\$708.28** in Amended Schedule J versus **-\$84.36** in the Amended Form 122C-1 & 2, also to be filed shortly, without the pro-rating of the annual bonus.

IV(e). Debtor **admits** this fifth un-numbered paragraph, and further adds and clarifies that all of debtor's monthly household [HH] expenses are more than reasonable and, when appropriate, correspond to the expense amounts allowed under the National Standards and Local Standards, Necessary Expenses issued by the IRS for the categories and for the area in which the debtor resides. Specifically, the National Standards have been used in this case for 'food, childcare & children's education costs, clothing, personal care, medical & dental [for 2 HH since he covers all of his son's medical expenses which are above the IRS Standard] transportation, car payments or ownership and miscellaneous fund.

² Exhibits attached to the Answer are mock forms [Mock C13 MT w/ \$7,488.84 CMI/Mock C7 MT w/ prorated bonuses & \$6,883.90 CMI/Mock C13 MT w/ prorated bonuses & \$6,883.90 CMI] to highlight debtor's assertions that a conversion to chapter 13 is of no benefit to his creditors where the permissible use and deduction of contributions and loan payments to his 401k can be deducted from disposable income giving this debtor a, in even greater deficiency in monthly disposable income. The exhibits are included without debtor's signature limited to highlighting debtor's inability to fund a chapter 13 plan with or without deduction of 401k contributions, and highlighting debtor's actual monthly income by the prorating of his annual merit bonus and Xmas bonus both in the chapter 13 and chapter 7 scenarios instead of the distorted CMI produced by the un-apportioned or prorated bonuses.

IV(f). Debtor **admits** this sixth un-numbered paragraph, but further clarifies that in all of the determinative Schedules and Statements amended, or to be amended in the next few days by debtor, there continues to be no abuse determined.

IV(g). Debtor **denies** this seventh un-numbered paragraph. The voluntary contribution & retirement loan has not been used to compute debtor's CMI and/or disposable income in his chapter 7. Furthermore, in a chapter 13 scenario, debtor's net monthly loss is greater than what is determined in the chapter 7. Refer to mock Chapter 13 Statement of CMI & Calculation of Commitment Period/Means Test attached as **Exhibit #1**, where the net monthly loss is a negative **-\$1,435.60** at Part 2: line 45 which calculates monthly disposable income under §1325(b)(2). Even the amended Means Test which increases income inadvertently omitted initially by debtor's counsel, will not "yield a distribution of \$38,958 to pay his creditors 75%" but the true yield is a negative **-\$50,616.60** according to the Amended MT to be filed shortly. The DMI is under abuse by \$212.68 monthly.

IV(h). Debtor **admits** this eighth un-numbered paragraph. Notwithstanding the MT has been amended to eliminate reduction of retirement loan and as such this paragraph is now **denied**, and also denies the result that Movant attempts to argue. With or without deduction of voluntary contributions in the C7 MT, no abuse is determined and debtor continues with a net monthly loss in his CMI, greater in a hypothetical chapter 13 as demonstrated in **Exhibit** #1.

Exhibit #1 shows how the permissible use of the voluntary contribution and repayment of the retirement loan in chapter 13 will produce an even higher deficiency in disposable income than what is determined in the chapter 7. Refer to Exhibit #1 C13 Form 122C-2 at Part 2: "Determine Your Disposable Income under 11 U.S.C. §1325(B)(2)", line 41: "Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. §541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. §362(B)(19)." (Emphasis provided).

IV(i). Debtor **denies** this ninth un-numbered paragraph, since projecting that a debtor may have additional disposable income on the 42nd month is neither practical or certain, nor is it required under a chapter 13 Plan to determine disposable income at petition date. Neither is it certain that debtor will always receive a merit bonus,³ or the same amount of merit bonus, or a \$600 Christmas bonus, or that the vehicle as it

³ Debtor's merit bonuses throughout his employment with Medtronics have fluctuated in amounts and average \$3,410.46 & not the \$6,659.34 at issue herein received in July of 2016.

depreciates and in need of increased operating expense may need to be traded-in for a different unit, or lost to theft or accident. Accordingly, the voluntary contribution to debtor's 401K retirement fund has not been used to compute debtor's CMI in chapter 7, yet in a chapter 13 these can be deducted from disposable income, resulting in that the net monthly loss is greater thereby reducing the amount available to creditors to less than zero. There is no benefit to seeing this case converted to chapter 13.

- IV(j). Debtor **denies** this tenth un-numbered paragraph. All of debtor's expenses are and have been disclosed at a more than reasonable amount and most if not all are the identical amounts allowed under the National & Local IRS Federal Standards.
- IV(k). Debtor **denies** this eleventh un-numbered paragraph, since projecting that a debtor may have additional disposable income on the 29th month is neither practical or certain, nor is it required under a chapter 13 Plan to determine disposable income at petition date which ultimately determines a debtor's capacity to fund a chapter 13 plan from the first date of the Plan. Debtor once again notes that the use of the voluntary 401k contributions has not been used to compute debtor's CMI in this chapter 7 case. Yet, these can be and will be deducted under a chapter 13 scenario at line 41 of the Means Test, giving this debtor an even greater monthly loss in his CMI of a projected disposable income of a negative **-\$1,435.60**, which should be the ultimate determining factor herein.
- IV(l). Debtor vehemently **denies** this twelfth un-numbered paragraph. A debtor that schedules \$150 for entertainment, books, newspapers etc., if divided by 30 days allows this father who has his 5-year-old son every weekend a mere \$5 a day or \$34.88 every weekend in the month for movies and day outings with his 5-year-old son, newspapers, books etc. Furthermore, the "miscellaneous" amount scheduled in Schedule J is the same National & Local IRS Federal Standard allowed for a one-person household.

WHEREFORE, debtor respectfully answers the U.S. Trustee's *Motion to Dismiss* and prays that this Court find in his favor. Movant will not be able to show, nor has it shown any ill will, abuse or bad faith by debtor, and the totality of circumstances weigh in debtor's favor. Movant's opposition to debtor's voluntary contributions to his 401k have not been computed or deducted from the negative disposable income in his C7 Means Test nor for the determination of no abuse. If this case were to be converted to chapter 13, wherein qualified retirement contributions and retirement loans can indeed be deducted from disposable income, will further determine NO ABUSE with a net monthly loss, or negative disposable income of **-\$1,435.60**, showing clearly that this debtor has not proceeded in bad faith or abuse and that he does not have nor will have

ability to pay his creditors when the C13 Means Test shows that less than zero is what will be available to his creditors in a chapter 13 scenario.

NOTICE

Within twenty-one (21) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (I) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFY that on this same date this motion has been filed electronically and on information and belief, CmEcf will electronically notice participants therein, which include the U.S.T. and the chapter 7 Trustee, as follows:

JUAN A CUYAR COBB - SCOTIABANK jcc@fccplawpr.com, jcc_fccplaw@yahoo.com

MONSITA LECAROZ ARRIBAS <u>ustpregion21.hr.ecf@usdoj.gov</u>

LYSSETTE A MORALES lamorales@gmail.com, irma.lamorales@gmail.com,

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NOREEN WISCOVITCH courts@nwrlaw.com, nwiscovitch@ecf.epiqsystems.com

In Caguas, Puerto Rico on the 11th day of July, 2017

LA Morales

USDC PR #120011 L.A. MORALES & ASSOCIATES P.S.C. URB VILLA BLANCA #76 AQUAMARINA CAGUAS PR 00725-1908 TEL (787)746-2434/ 258-2658 FAX 1-855-298-2515

E-mail: <u>lamoraleslawoffice@gmail.com</u>

Fill in this inform	nation to identify your cas	se:
Debtor 1	ORLANDO BABILON	NA AYALA
Debtor 2 (Spouse, if filing)		
United States B	Sankruptcy Court for the:	District of Puerto Rico
Case number (if known)	17-00148 BKT	

Check	as directed in lines 17 and 21:				
	According to the calculations required by this Statement:				
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
	3. The commitment period is 3 years.				
	4. The commitment period is 5 years.				

■ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

						umn A btor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime all payroll deductions).	e, and	commissi	ons (before	\$_	7,488.84	\$
3.	Alimony and maintenance payments. Do not include Column B is filled in.	le payn	nents from	a spouse if	\$_	0.00	\$
4.	All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househout and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	rt. Included in the second sec	ude regula ır depende	r contributions ents, parents,	\$	0.00	\$
5.	Net income from operating a business, profession, or farm	Debte	or 1				
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	-\$	0.00				
	Net monthly income from a business, profession, or fa	arm \$	0.00	Copy here ->	\$_	0.00	\$
6.	Net income from rental and other real property	Debte	or 1				
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	-\$	0.00				
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$_	0.00	\$

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ORLANDO BABILONIA AYALA 17-00148 BKT Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 7.488.84 \$ 7.488.84 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 7,488.84 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 7.488.84 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 7,488.84 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 89,866.08 15b. The result is your current monthly income for the year for this part of the form.

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Debtor 1 ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT

16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptry clerk's office. 17. How do the lines compare? 17a. Line 16b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 17 U.S.C. § 1325(b)/3). Go to Part 3. Do NOT fill out Calculation of Your Disposable income (Official Form 122C-2). 17b. Line 15b is sees than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 17 U.S.C. § 1325(b)/3). Go to Part 3 and fill out Calculation of Your Disposable income (Official Form 122C-2). On line 39 of that form. copy your current monthly income from line 14 above. 20c. Copy your total average monthly income from line 11. 10c. Spring your total average monthly income from line 11. 10c. Spring your total average monthly income from line 12c. § 1325(b)/4) allows you to deduct part of your spouses income, copy the amount from line 13. 10c. Spring your current monthly income for the year. Follow these steps: 20c. Calculate your current monthly income for the year. Follow these steps: 20c. Calculate your current monthly income for the year. Follow these steps: 20c. Copy the median family income for the year. Follow these steps: 20c. Copy the median family income for the year for this part of the form 20c. Copy the median family income for the year for this part of the form 20c. Copy the median family income for the year for this part of the form 20c. Copy the median family income for your state and size of household from line 16c. 20c. Copy the median family income for the year for this part of the form your page 1 of this form, check box 3, The commitment period is 5 years. Go to Part 4.					
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			On line 39 of that form, copy your current monthly	ly income fro	m line 14 above.

Case:17-00148-BKT7 Doc#:25 Filed:07/11/17 Entered:07/11/17 21:04:54 Desc: Main Document Page 10 of 43

Fill in this info	rmation to identify your case:
Debtor 1	ORLANDO BABILONIA AYALA
Debtor 2 (Spouse, if filing	3)
United States B	ankruptcy Court for the: _District of Puerto Rico
Case number (if known)	17-00148 BKT

■ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 570.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Case:17-00148-BKT7 Doc#:25 Filed:07/11/17 Entered:07/11/17 21:04:54 Desc: Main Document Page 11 of 43

ople v	who are under 65 years of age								
•	Out-of-pocket health care allowance per person	\$	54						
	Number of people who are under 65	x	1						
	Subtotal. Multiply line 7a by line 7b.	\$	54.00	Copy here	=> \$		54.00		
		· ——		.,,	•				
ople v	who are 65 years of age or older								
7d.	Out-of-pocket health care allowance per person	\$	130						
7e.	Number of people who are 65 or older	X	0						
7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here	=> \$		0.00		
7g.	Total. Add line 7c and line 7f		\$	54.00		Copy tot	al here=>	\$	54.00
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Hous answ parate Hoo 9a. 9b.	sing and utilities - Mortgage or rent expenses wer the questions in lines 8-9, use the U.S. Trustee instructions for this form. This chart may also be using and utilities - Insurance and operating expenses the dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, for listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. Name of the creditor BSPR HOA Bosques de la Sierra IRS	e Program e available enses: Usin ce and open iill in the dol s. and other de dd all amou o months af Aver payn \$ \$ \$ \$ \$	e at the bankrung the number of rating expenses at the humber of rating expenses at the secured by the secured	ptcy clerk's of people you s. y your home.	office. entere	d in line s	5, \$ <u>81.00</u>	Repeat	435.
Hous answ parate Hoo 9a. 9b.	sing and utilities - Mortgage or rent expenses wer the questions in lines 8-9, use the U.S. Trustee is instructions for this form. This chart may also be using and utilities - Insurance and operating expenses in the dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, fi listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages a To calculate the total average monthly payment, ac contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. Name of the creditor BSPR HOA Bosques de la Sierra IRS 9b. Total average monthly payment	e Program e available enses: Usin ce and open ill in the dol s. and other de dd all amou o months af Aver payn \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	e at the bankrung the number of rating expenses at the bankrung the number of rating expenses at the secured by ants that are fiter you file age monthly nent 1,569.50 33.34 257.77	ptcy clerk's of people you s. y your home.	office. entere	d in line s	5, \$ <u>81.00</u>	Repeat	435.

Explain why: _

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ORLANDO BABILONIA AYALA 17-00148 BKT Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. Go to line 12. ☐ 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 251.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Describe Vehicle 1: Vehicle 1 2013 Hyundai Volester 75,000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 471.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **SCOTIABANK of PUERTO RICO** 317.03 Repeat this Copy Total Average Monthly Payment 317.03 here => 317.03 Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 153.97 153.97 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 => 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation.

Official Form 122C-2

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT

Oth	er Neces	ssary Expenses	In addition to the expense of the following IRS categories		s listed above,	, you are allowed your monthly expense	s for	
16.	self-em from yo 12 and	ployment taxes, soour pay for these tax subtract that number	cial security taxes, and Medic	care taxes o receive	s. You may ind a tax refund, y	nd local taxes, such as income taxes, clude the monthly amount withheld you must divide the expected refund by pay for taxes.	\$	1,640.83
17.			The total monthly payroll ded	uctions th	nat your job re	quires, such as retirement		
		utions, union dues, a include amounts tha		h such a	s voluntary 40	01(k) contributions or payroll savings.	\$	0.00
18.			. , , ,	•	•	ie insurance. If two married people are		
	Do not	gether, include payi include premiums for surance other than	ments that you make for your or life insurance on your depoterm.	spouse's endents,	s term life insu for a non-filing	urance. g spouse's life insurance, or for any form	n \$	5.11
19.	adminis	strative agency, suc	The total monthly amount the has spousal or child support on past due obligations for sp	paymen	ts.	by the order of a court or You will list these obligations in line 35.	\$	1,736.80
20.		· -	thly amount that you pay for			-		
	as a	condition for your j	ob, or					
	for y	our physically or m	entally challenged dependen	t child if r	o public educ	ation is available for similar services.	\$	0.00
21.	prescho	ool.		•	·	sitting, daycare, nursery, and	•	0.00
		. ,	or any elementary or second	•			\$	
22.	that is r by a he	equired for the heal alth savings accour		dependenat is mor	ents and that is e than the tota		\$	79.05
23	-		_			you pay for telecommunication	_	
	services busines product Do not	s for you and your of se cell phone service ion of income, if it is include payments for	dependents, such as pagers, e, to the extent necessary for s not reimbursed by your em or basic home telephone, into	call waiting your head ployer. Personner and call waiting the call was a call	ng, caller iden alth and welfar cell phone se	tification, special long distance, or re or that of your dependents or for the rvice. Do not include self-employment rount you previously deducted.	+\$	0.00
24.			illowed under the IRS expe	nse allov	vances.		\$	4,925.76
Δdd		es 6 through 23. Expense Deduction	ns These are additional d	aductions	s allowed by th	ne Means Test		
Auc	itional L	Apense Deduction	Note: Do not include a					
25.	insuran					nses. The monthly expenses for health sly necessary for yourself, your spouse,	or	
	Health i	insurance		\$	133.05			
	Disabili	ty insurance		\$	0.00			
	Health	savings account	4	\$	0.00	_		
	Total			\$	133.05	Copy total here=>	\$	133.05
	•	actually spend this No. How much do	total amount? you actually spend?					
		Yes		\$				
26.	continue of your	e to pay for the reas household or meml	sonable and necessary care	and supp who is ur	ort of an elder nable to pay fo	e actual monthly expenses that you will rly, chronically ill, or disabled member or such expenses. These expenses C. § 529A(b)	\$	0.00
	of your may inc	e to pay for the reas household or meml clude contributions t tion against family	sonable and necessary care ber of your immediate family to an account of a qualified A violence. The reasonably n	and supp who is ur BLE prog ecessary	ort of an elder nable to pay fo gram. 26 U.S.C monthly expe	rly, chronically ill, or disabled member or such expenses. These expenses	\$	0.00

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ebtor 1	ORLANDO BABILONIA AYALA	Ca	se number (if kno	own)	17-0	0148	BKT		
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance	ce and opera	ting	expens	es on			
	If you believe that you have home energy cline 8, then fill in the excess amount of hom	osts that are more than the home energy co e energy costs	sts included	in ex	penses	s on			
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must rry.	t show that th	ne ac	lditiona	I	\$		0.0
:		ren who are younger than 18. The monthly pendent children who are younger than 18 y							
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must ot already accounted for in lines 6-23.	explain why	the	amoun	t			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or a	after the date	of a	djustm	ent.	\$		160.4
	Additional food and clothing expense. The higher than the combined food and clothing than 5% of the food and clothing allowance	ne monthly amount by which your actual foo allowances in the IRS National Standards. s in the IRS National Standards.	d and clothin That amount	ng ex can	penses not be i	are more			
		ional allowance, go online using the link spe so be available at the bankruptcy clerk's offic		sepa	rate				
,	You must show that the additional amount of	claimed is reasonable and necessary.					\$		0.0
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute nization. 11 U.S.C. § 548(d)(3) and (4).	in the form o	f cas	h or fin	ancial			
I	Do not include any amount more than 15%	of your gross monthly income.					\$		25.0
	Add all of the additional expense deduct Add lines 25 through 31.	ions.					\$_	;	318.47
Dedu	ictions for Debt Payment								
Т	oans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home	ent, add all amounts that are contractually d	lue to each s	ecur	ed			age mo	nthly
00-		T / T T T					payn		
33a.	Copy line 9b here					>	\$	1,8	60.61
	Loans on your first two vehicles								
33b.	Copy line 13b here					=>	\$	3	17.03
33c.	Camer line 10a hans					=>	\$		0.00
33d.	List other secured debts:								
	e of each creditor for other secured debt	Identify property that secures the debt		inclu	s paym ide taxe suranc	es			
					No				
	-NONE-				Yes		\$		
				_	100		Ψ —		
					No				
					Yes		\$		
					No				
					Yes	+	\$		
						Сору	,		
33e	Total average monthly payment. Add lines	33a through 33d	\$2	2,17	7.64	total here	=> \$	2,	177.64

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Document Page 15 of 43 Debtor 1 ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT

or other							
☐ No.	Go to line 35.						
■ Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill ir	ssession of your property					
Name of the	creditor	Identify property that sec	ures the debt		Total cure amount	Montamo	thly cure unt
		Bosque de la Sierra CAGUAS, PR 00725 423 s/m lot Recorded @: Vol 17 60,311 § Il Caguas	CAGUAS	County 8 Fca			
BSPR		Appraised as of 6/2	016	\$			109.95
		-		\$ \$		÷ 60 = \$ ÷ 60 = +\$	
					400.05	Copy	109.95
				iotai	Ψ	here=> `	
	Go to line 36.						
Yes.	Fill in the total amount of all ongoing priority claims, suc Total amount of all past-d ed monthly Chapter 13 plan	ch as those you listed in li ue priority claims payment	ne 19.		\$ 2,002.96 \$ 100.00	_	33.38
Yes. 36. Projecte Current i Office of the Exect To find a I	Fill in the total amount of all ongoing priority claims, suc Total amount of all past-d	ch as those you listed in live priority claims payment stated on the list issued by r districts in Alabama and s Trustees (for all other dides your district, go online usi	y the Adminis North Caroli stricts). ng the link spec	strative ina) or by cified in the			33.38
Yes. 36. Projecte Current i Office of the Exec To find a I separate i	Fill in the total amount of all ongoing priority claims, such Total amount of all past-ded monthly Chapter 13 plan multiplier for your district as so the United States Courts (focutive Office for United States ist of district multipliers that included the states of district multipliers the states of district multipliers the states of district multipliers the states of district	ch as those you listed in live priority claims payment stated on the list issued by r districts in Alabama and s Trustees (for all other dides your district, go online usimay also be available at the best of the state of the	y the Adminis North Caroli stricts). ng the link spec	strative ina) or by cified in the	\$ 100.00	_	
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Current of Office of the Exect To find a separate in Average 87. Add all Add line	Fill in the total amount of all ongoing priority claims, such Total amount of all past-ded monthly Chapter 13 plans and the United States Courts (fourtive Office for United States ist of district multipliers that incluenstructions for this form. This list monthly administrative expended of the deductions for debter 33e through 36.	ch as those you listed in live priority claims payment stated on the list issued by r districts in Alabama and s Trustees (for all other dides your district, go online usimay also be available at the tense	y the Adminis North Caroli stricts). ng the link spec	strative ina) or by cified in the	\$ 100.00 x 8.00	Copy total here=> \$	8.00
Copy lin Yes. 36. Projecte Current i Office of the Exect To find a liseparate i Average	Fill in the total amount of all ongoing priority claims, such Total amount of all past-ded monthly Chapter 13 plans and the United States Courts (fourtive Office for United States ist of district multipliers that include natructions for this form. This list monthly administrative expended of the deductions for debters 33e through 36. Sections from Income of the allowed deductions. The 24, All of the expenses allowed the expe	ch as those you listed in live priority claims payment stated on the list issued by r districts in Alabama and s Trustees (for all other dides your district, go online using also be available at the base t payment.	y the Adminis North Caroli stricts). ng the link spec	strative ina) or by cified in the	\$ 100.000 X 8.00 \$ 8.00	Copy total here=> \$	8.00
Yes. 36. Projecte Current I Office of the Exect To find a I separate i Average 37. Add all Add line Cotal Deduct Copy line expens	Fill in the total amount of all ongoing priority claims, such Total amount of all past-ded monthly Chapter 13 plans and the United States Courts (fourtive Office for United States ist of district multipliers that include natructions for this form. This list monthly administrative expended of the deductions for debters 33e through 36. Sections from Income of the allowed deductions. The 24, All of the expenses allowed the expe	ch as those you listed in live priority claims payment stated on the list issued by r districts in Alabama and s Trustees (for all other dides your district, go online using also be available at the base t payment.	y the Adminis North Caroli stricts). ng the link spec ankruptcy cleri	strative ina) or by cified in the k's office.	\$ 100.000 X 8.00 \$ 8.00	Copy total here=> \$	8.00
Yes. 36. Projecte Current i Office of the Exec To find a I separate i Average 37. Add all Add line Total Deduct 38. Add all of Copy line expens Copy line	Fill in the total amount of all ongoing priority claims, such Total amount of all past-ded monthly Chapter 13 plans and the United States Courts (fourtive Office for United States ist of district multipliers that include nstructions for this form. This list monthly administrative expended of the deductions for debtes 33e through 36. Stions from Income of the allowed deductions. The 24, All of the expenses all the allowances.	ch as those you listed in live priority claims payment stated on the list issued by r districts in Alabama and s Trustees (for all other dides your district, go online using may also be available at the timese t payment.	y the Adminis North Caroli stricts). ng the link spec ankruptcy clert	strative ina) or by cified in the k's office.	\$ 100.000 × 8.00 \$ 8.00	Copy total here=> \$	8.00

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ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT Debtor 1 Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 7.488.84 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 1,351.24 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 7,573.20 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Сору 0.00 0.00 **Total** here=> \$ Copy 8.924.44 8,924.44 44. Total adjustments. Add lines 40 through 43. here=> -\$ -1,435.60 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Reason for change Date of change Increase or Amount of change Line decrease? ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 □ Decrease ■ 122C-1

■ 122C-2

☐ 122C-1

☐ 122C-2

Decrease

☐ Increase

Decrease

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Debtor 1 ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ ORLANDO BABILONIA AYALA

ORLANDO BABILONIA AYALA

Signature of Debtor 1

Date **July 11, 2017**

MM / DD / YYYY



Debtor 1 ORLANDO BABILONIA AYALA

Case number (if known)

17-00148 BKT

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2016 to 12/31/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Medtronics

Income by Month:

6 Months Ago:	07/2016	\$14,657.08
5 Months Ago:	08/2016	\$5,391.54
4 Months Ago:	09/2016	\$5,391.54
3 Months Ago:	10/2016	\$5,414.04
2 Months Ago:	11/2016	\$5,391.54
Last Month:	12/2016	\$8,687.31
	Average per month:	\$7,488.84



Fill in this info	rmation to identify your case:	Check one box only as directed
Debtor 1	ORLANDO BABILONIA AYALA	122A-1Supp:
Debtor 2 (Spouse, if filing)		1. There is no presumption
	Bankruptcy Court for the: District of Puerto Rico	■ 2. The calculation to dete applies will be made u Calculation (Official Fo
Case number (if known)	17-00148 BKT	□ 3. The Means Test does qualified military service
		■ Check if this is an ame
	Form 122A - 1 7 Statement of Your Current Mo	nthly Income
separate sheet to number (if know	and accurate as possible. If two married people are filing together, o this form. Include the line number to which the additional informa n). If you believe that you are exempted from a presumption of abu complete and file Statement of Exemption from Presumption of Ab	ation applies. On the top of any additional page se because you do not have primarily consum
Part 1: Ca	alculate Your Current Monthly Income	
1. What is	your marital and filing status? Check one only.	
■ Not m	narried. Fill out Column A, lines 2-11.	
☐ Marri	ed and your spouse is filing with you. Fill out both Columns	s A and B, lines 2-11.

Check one box only as directed in this form and in Form 122A-1Supp:
☐ 1. There is no presumption of abuse
2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
3. The Means Test does not apply now because of qualified military service but it could apply later.

ended filing

12/15

e. If more space is needed, attach a s, write your name and case er debts or because of qualifying pp) with this form.

	_ , ,			,					
	☐ Married and your spouse is NOT filing with you. \	∕ou a	nd your	spouse are:					
	☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.								
	□ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading.	gally	separate	d under nonbar	nkrup	otcy law that applie	es or that you and you		
10 6	ill in the average monthly income that you received from all so 01(10A). For example, if you are filing on September 15, the 6-mor months, add the income for all 6 months and divide the total by 6. he same rental property, put the income from that property in one come from the come from that property in one come from the fro	nth peri Fill in t	iod would I the result.	oe March 1 throug Do not include an	gh Au y inco	gust 31. If the amour	nt of your monthly income an once. For example, if t	varied during the	
						umn A otor 1	Column B Debtor 2 or non-filing spouse		
2.	Your gross wages, salary, tips, bonuses, overtime, a all payroll deductions).	and co	ommissi	ons (before	\$	6,883.90	\$		
3.	Alimony and maintenance payments. Do not include a Column B is filled in.	payme	ents from	a spouse if	\$_	0.00	\$		
4.	All amounts from any source which are regularly part of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a spifilled in. Do not include payments you listed on line 3.	Includ , your	de regula depende	r contributions ents, parents,	\$_	0.00	\$		
5.	Net income from operating a business, profession, of	or farı	m						
			Deb	otor 1					
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from a business, profession, or farr	n \$	0.00	Copy here ->	\$	0.00	\$		
6.	Net income from rental and other real property								
			Deb	otor 1					
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$		
7.	Interest, dividends, and royalties				\$_	0.00	\$		

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Debtor 1 ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT

			Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation		\$	0.00	\$		
	Do not enter the amount if you contend that the amount recounder the Social Security Act. Instead, list it here:	eived was a benefit					
	For you\$	0.00					
	For your spouse \$						
	Pension or retirement income. Do not include any amount benefit under the Social Security Act.		\$	0.00	\$		
10.	Income from all other sources not listed above. Specify to not include any benefits received under the Social Secur received as a victim of a war crime, a crime against humanit domestic terrorism. If necessary, list other sources on a septotal below.	ity Act or payments ty, or international or arate page and put the		0.00	\$		
			\$	0.00	\$		
	Total amounts from separate pages, if any.	-	+ \$	0.00	\$		
11.	Calculate your total current monthly income. Add lines 2 each column. Then add the total for Column A to the total for		6,883.90	+ \$		= \$ 6,883.90 Total current monthl	
Part	2: Determine Whether the Means Test Applies to Yo	u				income	
12.	Calculate your current monthly income for the year. Follows	ow these steps:					
	12a. Copy your total current monthly income from line 11		Сору	line 11 h	iere=>	\$6,883.90	_
	Multiply by 12 (the number of months in a year)	A FI				x 12	
	12b. The result is your annual income for this part of the form	m 1 _	L		12b.	\$82,606.80	-
13.	Calculate the median family income that applies to you.	Follow these steps:					
	Fill in the state in which you live.	PR					
	Fill in the number of people in your household.	1					
	Fill in the median family income for your state and size of ho To find a list of applicable median income amounts, go onlin for this form. This list may also be available at the bankrupto	e using the link specific	ed in the separa		13. ctions	\$3,462.00	
14.	How do the lines compare?						
	14a. Line 12b is less than or equal to line 13. On the Go to Part 3.	top of page 1, check b	ox 1, There is i	no presun	nption of abuse	e.	
	14b. Line 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A-2.	ge 1, check box 2, The	presumption of	abuse is	determined by	/ Form 122A-2.	
Part	3: Sign Below						
	By signing here, I declare under penalty of perjury that	the information on this	statement and	in any att	achments is tr	ue and correct.	
	X /s/ ORLANDO BABILONIA AYALA						
	ORLANDO BABILONIA AYALA Signature of Debtor 1						
	Date						
	If you checked line 14a, do NOT fill out or file Form 122	2A-2.					
	If you checked line 14b, fill out Form 122A-2 and file it	with this form.					

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Fill in this information to identify your case:						
Debtor 1 ORLANDO BABILONIA AYALA						
Debtor 2 (Spouse, if filing	Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the: District of Puerto Rico						
Case number (if known)	17-00148 BKT					

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

- 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.
- Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Par	t 1:	Determine Your Adjusted Income	
1.	Сору	your total current monthly income. Copy line	11 from Official Form 122A-1 here=> \$ 6,883.90
2.	Did y	ou fill out Column B in Part 1 of Form 122A-1?	
	■ No	o. Fill in \$0 for the total on line 3.	
	☐ Ye	es. Is your spouse Filing with you?	
		No. Go to line 3.	구디
		Yes. Fill in \$0 for the total on line 3.	<u> </u>
3.		st your current monthly income by subtracting any part of your ehold expenses of you or your dependents. Follow these steps:	
		ne 11, Column B of Form 122A–1, was any amount of the income ynses of you or your dependents?	ou reported for your spouse NOT regularly used for the household
	■ No	o. Fill in 0 for the total on line 3.	
	☐ Ye	es. Fill in the information below:	
		State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or support other than you or your dependents.	Fill in the amount you are subtracting from your spouse's income
			\$
			<u> </u>
		Total.	\$
			Copy total here=> \$0.00
4.	Adjus	st your current monthly income. Subtract line 3 from line 1.	\$6,883.90_

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Debtor 1 ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT

Part 2:	Calculate	Your Deducti	ons from Y	our Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

570.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ ______**54**
- 7b. Number of people who are under 65 X 1
- 7c. **Subtotal.** Multiply line 7a by line 7b. \$ _____**54.00 Copy here=>** \$ ____**54.00**

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 130
- 7e. Number of people who are 65 or older X 0
- 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00

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Debtor 1 ORLANDO BABILONIA AYALA Case number (# known) 17-00148 BKT

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

9. Housing and utilities - Mortgage or rent expenses:

- 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.



9c. Net mortgage or rent expense.

\$ 0.00 Copy here=> \$ 0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
 - ☐ 0. Go to line 14.
 - 1. Go to line 12.
 - 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 251.00

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Debtor 1 ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT

13.	You may	ownership or lease expense: Using the IRS Local of not claim the expense if you do not make any loan in two vehicles.					
Ve	hicle 1	Describe Vehicle 1: 2013 Hyundai Volester	75,000 miles				
13a.	Ownersh	nip or leasing costs using IRS Local Standard		\$	171.00		
13b.	_	monthly payment for all debts secured by Vehicle 1. nclude costs for leased vehicles.					
	are contr	late the average monthly payment here and on line a ractually due to each secured creditor in the 60 mont acy. Then divide by 60.		at			
	Nar	ne of each creditor for Vehicle 1	Average monthly payment				
	sc	OTIABANK of PUERTO RICO	\$ 317.03				
		Total Average Monthly Payment	\$317.03	Copy here => -\$	317	.03 Repeat this amount on line 33b.	
13c.		icle 1 ownership or lease expense line 13b from line 13a. if this amount is less than \$0	, enter \$0.	\$	153.97	Copy net Vehicle 1 expense here => \$	153.97
Ve	hicle 2	Describe Vehicle 2:	FI	1			
13d.	Ownersh	nip or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average leased v	monthly payment for all debts secured by Vehicle 2. ehicles.	Do not include costs for	or			
	Nar	ne of each creditor for Vehicle 2	Average monthly payment				
			\$				
		Total Average Monthly Payment	\$	Copy here => -\$	0.00	Repeat this amount on line 33c.	
13f.		icle 2 ownership or lease expense line 13e from line 13d. if this amount is less than \$0	, enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.		ransportation expense: If you claimed 0 vehicles in tration expense allowance regardless of whether you			, fill in the	Public \$	0.00
15.	also ded	nal public transportation expense: If you claimed to uct a public transportation expense, you may fill in we in more than the IRS Local Standard for <i>Public Trans</i> ,	hat you believe is the a				0.00

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Debtor 1 ORLANDO BABILONIA AYALA

Case number (if known) 17-00148 BKT

Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.		
self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.		
Do not include real estate, sales, or use taxes.		4 504 02
	\$_	1,594.93
Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.		
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$_	5.11
administrative agency, such as spousal or child support payments.	•	4 726 90
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$ _	1,736.80
	•	0.00
Tor your physically or mentally challenged dependent child it no public education is available for similar services.	Ψ_	
Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
Do not include payments for any elementary or secondary school education.	\$_	0.00
Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.		
Payments for health insurance or health savings accounts should be listed only in line 25.	\$_	79.05
Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.		
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+ \$_	0.00
Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$	4,879.86
	life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. * Add all of the expenses allow

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Debtor 1 ORLANDO BABILONIA AYALA

Case number (if known) 17-00148 BKT

Additional Expense Deductions These are additional deductions allowed by the Means Test.					
	Note: Do not include any expense allowances listed in lines 6-24.				
25.	Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, your dependents.	or			
	Health insurance \$ 133.05				
	Disability insurance \$				
	Health savings account + \$				
	Total \$ Copy total here=>	\$\$	133.05		
	Do you actually spend this total amount?				
	□ No. How much do you actually spend?				
	■ Yes \$				
26.	Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b).	\$	0.00		
27.	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.				
	By law, the court must keep the nature of these expenses confidential.	\$	0.00		
28.	Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.				
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.				
	You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.	\$	0.00		
29.	Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.				
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.				
	* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.	\$	160.42		
30.	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.				
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.				
	You must show that the additional amount claimed is reasonable and necessary.	\$	0.00		
31.	Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).	+\$	25.00		
32.	Add all of the additional expense deductions. Add lines 25 through 31.	\$	318.47		

ORLANDO BABILONIA AYALA Debtor 1

Case number (if known) 17-00148 BKT

Loans on your first two vehicles: 33b. Copy line 13b here	
Average monthly payment_Add, lines 33a through, 33d,	
Sa. Copy line 9b here	
Loans on your first two vehicles: 35b. Copy line 13b here	onthly
Loans on your first two vehicles: Copy line 13b here	1,860.61
33. List other secured debts: Same of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance?* No	
33c. Copy line 13e here	317.03
Identify property that secures the debt Does payment include taxes or insurance?" No Yes \$ -NONE	0.00
-NONE- -NONE- -NONE- -NO Yes \$ No Yes No Yes \$ No Yes \$ No Yes \$ No Yes \$ No Yes Yes \$ No Yes Y	
-NONE- Yes \$ No Ocopy total here=> \$ No Go to line 35. Yes State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Bosque de la Sierra B 2 Coqui Mona CAGUAS, PR 00725 CAGUAS County 423 s/m lot Recorded @: Vol 1737 Page 78 Fca 60,311 § Il Caguas Appraised as of 6/2016 \$ 6,597.00 60 = \$ \$ 60 = \$ \$ 60 = \$ \$ 60 = \$ Copy total delayers \$ 6,597.00 Copy total delaye	
No Yes \$ Yes \$ No Yes \$ Yes \$ No Yes \$ Yes \$ Yes Yes \$ Yes	
No Yes \$	
Yes \$ No Yes +\$	
No Yes +\$	
Yes +\$	
Yes +\$	
33e. Total average monthly payment. Add lines 33 a through 33d \$\ \text{\$\ \text{2,177.64} \} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
33e. Total average monthly payment. Add lines 33a through 33d \$ \text{2,177.64} \\ \text{lotal} \\ \text{here=>} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
or other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Bosque de la Sierra B 2 Coqui Mona CAGUAS, PR 00725 CAGUAS County 423 s/m lot Recorded @: Vol 1737 Page 78 Fca 60,311 § II Caguas Appraised as of 6/2016 \$ 6,597.00 + 60 = \$ + 60 = +\$ Copy total	2,177.64
Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Bosque de la Sierra B 2 Coqui Mona CAGUAS, PR 00725 CAGUAS County 423 s/m lot Recorded @: Vol 1737 Page 78 Fca 60,311 § Il Caguas Appraised as of 6/2016 S 6,597.00 ÷ 60 = \$	
listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Name of the creditor Identify property that secures the debt Bosque de la Sierra B 2 Coqui Mona CAGUAS, PR 00725 CAGUAS County 423 s/m lot Recorded @: Vol 1737 Page 78 Fca 60,311 § II Caguas Appraised as of 6/2016 \$ 6,597.00 + 60 = \$ \$ + 60 = \$ \$ + 60 = +\$	
Bosque de la Sierra B 2 Coqui Mona CAGUAS, PR 00725 CAGUAS County 423 s/m lot Recorded @: Vol 1737 Page 78 Fca 60,311 § Il Caguas Appraised as of 6/2016 \$ 6,597.00	
CAGUAS, PR 00725 CAGUAS County 423 s/m lot Recorded @: Vol 1737 Page 78 Fca 60,311 § II Caguas Appraised as of 6/2016 \$ 6,597.00 ÷ 60 = \$ \$ ÷ 60 = \$ \$ ÷ 60 = +\$	nly cure nt
Appraised as of 6/2016 \$ 6,597.00 \(\ddot{\dagger} \dagger 60 = \\$ \\dagger \dagger \dagger 60 = \\$ \\dagger \dagger 60 = \\$ \\\dagger \dagger \da	
\$ \(\display \display 60 = \\$ \\ \display 60 = +\\$ \\ \display \text{Copy total} \)	109.95
Copy	
total	
total	
Total \$ 109.95 here=> \$	109.9

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Debtor 1 ORL	ANDO BABILONIA AYALA	Case number (if known)	17-00148 BKT	
	owe any priority claims such as a priority tax, child support, or alimony due as of the filing date of your bankruptcy case? 11 U.S.C. \S 507.			
☐ No.	Go to line 36.			
■ Yes.	Fill in the total amount of all of these priority claims. Do not include current ongoing priority claims, such as those you listed in line 19.	or		
	Total amount of all past-due priority claims	\$	2.96 ÷ 60 = \$	33.38



ORLANDO BABILONIA AYALA 17-00148 BKT Debtor 1 Case number (if known) 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office. ☐ No. Go to line 37. Yes. Fill in the following information. Projected monthly plan payment if you were filing under Chapter 13 100.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees 8.00 (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 8.00 8.00 \$ here=> Average monthly administrative expense if you were filing under Chapter 13 2,328.97 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4.879.86 expense allowances Copy line 32, All of the additional expense deductions 318.47 Copy line 37, All of the deductions for debt payment 2,328.97 7.527.30 7.527.30 Total deductions Copy total here....=> Part 3: Determine Whether There is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 6,883.90 39b. Copy line 38, Total deductions 7,527.30 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Copy -643.40 -643.40 Subtract line 39b from line 39a here=>\$ For the next 60 months (5 years) x 60 Copy 39d. Total. Multiply line 39c by 60 39d. -38,604.00 -38,604.00 \$ here=> 40. Find out whether there is a presumption of abuse. Check the box that applies: ■ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out

*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Part 4 if you claim special circumstances. Go to Part 5.

☐ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.

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Debtor 1	ORL	ANDO BABILONIA AYALA	Case number (if known)	17-00148 B	KT
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled on A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	\$x .25		
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(i) Multiply line 41a by 0.25	I) \$	Copy here=>	\$
42 D e	etermi	ne whether the income you have left over after subtracting all allowed de	···· ductions is enoug	ih to pav	
25	% of y	your unsecured, nonpriority debt. te box that applies:	g		
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> p Part 5.	ere is no presumptio	on of abuse.	
		39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The		a	
Part 4:	Giv	ve Details About Special Circumstances			
		ve any special circumstances that justify additional expenses or adjustme a lternative? 11 U.S.C. § 707(b)(2)(B).	ents of current mo	onthly income f	for which there is no
■ N	lo. Go	o to Part 5.			
□ Y		I in the following information. All figures should reflect your average monthly exact item. You may include expenses you listed in line 25.	opense or income a	djustment for	
	ne	ou must give a detailed explanation of the special circumstances that make the ecessary and reasonable. You must also give your case trustee documentation ljustments.			e
	G		Average monthly e or income adjustm		
	_		\$		
	_		\$		
			\$		
	_		\$		
Part 5:	Sig	gn Below			
	_	gning here, I declare under penalty of perjury that the information on this states	ment and in any att	achments is tru	e and correct.
	X /s	/ ORLANDO BABILONIA AYALA			
		RLANDO BABILONIA AYALA gnature of Debtor 1			
Da	te Ju	uly 11, 2017 M / DD / YYYY			

Debtor 1 ORLANDO BABILONIA AYALA

Case number (if known)

17-00148 BKT

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2016 to 12/31/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Medtronics

-			
Income	hs:	Month	
HILCOHIC	IJν	IVIOIILII.	

6 Months Ago:	07/2016	\$8,602.69
5 Months Ago:	08/2016	\$5,996.49
4 Months Ago:	09/2016	\$5,996.49
3 Months Ago:	10/2016	\$6,018.99
2 Months Ago:	11/2016	\$5,996.49
Last Month:	12/2016	\$8,692.26
	Average per month:	\$6,883.90



Case:17-00148-BKT7 Doc#:25 Filed:07/11/17 Entered:07/11/17 21:04:54 Desc: Main Document Page 32 Brosating of bonuses -\$1,994.64 DI

& w/ allowance of 401k contributions

Fill in this information to identify your case:						
Debtor 1	ORLANDO BABILONIA AYALA					
Debtor 2 (Spouse, if filing)						
United States B	Bankruptcy Court for the: District of Puerto Rico					
Case number (if known)	17-00148 BKT					

&	re	tir	ement loan
		Check	as directed in lines 17 and 21:
			ording to the calculations required by this tement:
			1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
			2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
			3. The commitment period is 3 years.
			4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: **Calculate Your Average Monthly Income**

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

					imn A tor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime all payroll deductions).	e, and	commissi	ons (before	\$ 6,883.90	\$
3.	Alimony and maintenance payments. Do not include Column B is filled in.	le payn	nents from	a spouse if	\$ 0.00	\$
4.	All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househo and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	rt. Incli old, you spouse	ude regula ır depende	r contributions ents, parents,	\$ 0.00	\$
5.	Net income from operating a business, profession, or farm	Debte	or 1			
	Gross receipts (before all deductions)	\$	0.00			
	Ordinary and necessary operating expenses	-\$	0.00			
	Net monthly income from a business, profession, or f	arm \$	0.00	Copy here ->	\$ 0.00	\$
6.	Net income from rental and other real property	Debte	or 1			
	Gross receipts (before all deductions)	\$	0.00			
	Ordinary and necessary operating expenses	-\$	0.00			
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$ 0.00	\$

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17-00148 BKT

Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 6.883.90 \$ \$ 6.883.90 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 6,883.90 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 6.883.90 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 6,883.90 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 82,606.80 15b. The result is your current monthly income for the year for this part of the form.

ORLANDO BABILONIA AYALA

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Debtor 1 ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT

16	6. Calculate the median family income that applies to you. Follow	these steps:		
	16a. Fill in the state in which you live.			
	16b. Fill in the number of people in your household.			
	16c. Fill in the median family income for your state and size of hous	sehold.	¢	23,462.00
	To find a list of applicable median income amounts, go online instructions for this form. This list may also be available at the	using the link specified in the separate	Ψ	<u> </u>
17	7. How do the lines compare?			
	17a. Line 15b is less than or equal to line 16c. On the top of 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out 0	. •		
	17b. Line 15b is more than line 16c. On the top of page 1 of 1325(b)(3). Go to Part 3 and fill out Calculation of Y copy your current monthly income from line 14 above.			
Par	t 3: Calculate Your Commitment Period Under 11 U.S.C. § 13	25(b)(4)		
18.	Copy your total average monthly income from line 11 .		\$	6,883.90
19.	Deduct the marital adjustment if it applies. If you are married, yo contend that calculating the commitment period under 11 U.S.C. § spouse's income, copy the amount from line 13.			
	19a. If the marital adjustment does not apply, fill in 0 on line 19a.		- \$	0.00
				0.000.00
	19b. Subtract line 19a from line 18.		\$	6,883.90
20.	Calculate your current monthly income for the year. Follow the	se steps:		
	20a. Copy line 19b		\$	6,883.90
	Multiply by 12 (the number of months in a year).	H''	X	12
		L L		
	20b. The result is your current monthly income for the year for this	part of the form	\$	82,606.80
	20c. Copy the median family income for your state and size of hous	sehold from line 16c	\$	23,462.00
	21. How do the lines compare?			
	☐ Line 20b is less than line 20c. Unless otherwise ordered line 20c is 3 years. Go to Part 4.	by the court, on the top of page 1 of this form, ch	eck box 3, TI	ne commitment
	■ Line 20b is more than or equal to line 20c. Unless otherw commitment period is 5 years. Go to Part 4.	ise ordered by the court, on the top of page 1 of	this form, che	eck box 4, The
Par	t 4: Sign Below			
	By signing here, under penalty of perjury I declare that the informati	on on this statement and in any attachments is t	rue and corre	ect.
,	X /s/ ORLANDO BABILONIA AYALA			
•	ORLANDO BABILONIA AYALA Signature of Debtor 1			
	Date July 11, 2017			
	MM / DD / YYYY If you shocked 17a, do NOT fill out or file Form 1220 2			
	If you checked 17a, do NOT fill out or file Form 122C-2.	line 20 of that form	laaar f	line 44 - L
	If you checked 17b, fill out Form 122C-2 and file it with this form. O	n line 39 of that form, copy your current monthly	income from	iine 14 above.

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Fill in this information to identify your case:						
Debtor 1	ORLANDO BABILONIA AYALA					
Debtor 2 (Spouse, if filing	3)					
United States B	ankruptcy Court for the: District of Puerto Rico					
Case number (if known)	17-00148 BKT					

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 570.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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ORLANDO BABILONIA AYALA 17-00148 BKT Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 1 Subtotal. Multiply line 7a by line 7b. 54.00 Copy here=> \$ 54.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 130 7e. Number of people who are 65 or older 0 Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 0.00 7g. Total. Add line 7c and line 7f 54.00 Copy total here=> 54.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, 435.00 fill in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 581.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **BSPR** 1,569.50 HOA Bosques de la Sierra 33.34 \$ **IRS** 257.77 Copy Repeat this amount 1.860.61 1.860.61 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Сору 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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ORLANDO BABILONIA AYALA 17-00148 BKT Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. Go to line 12. ☐ 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 251.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Describe Vehicle 1: Vehicle 1 2013 Hyundai Volester 75,000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 471.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **SCOTIABANK of PUERTO RICO** 317.03 Repeat this Copy Total Average Monthly Payment 317.03 here => 317.03 Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 153.97 153.97 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 => 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT

Oth	er Nece	essary Expenses	In addition to the expense the following IRS categories		s listed above	, you are allowed your monthly expense	s for	
16.	self-en from you 12 and	nployment taxes, soo our pay for these tax	cial security taxes, and Med es. However, if you expect er from the total monthly am	icare taxe to receive	s. You may in a tax refund, y	nd local taxes, such as income taxes, clude the monthly amount withheld you must divide the expected refund by pay for taxes.	\$	1,594.93
17.		ntary deductions:	The total monthly payroll de and uniform costs.	ductions t	hat your job re	equires, such as retirement		
	Do not	include amounts that	at are not required by your j	ob, such a	as voluntary 40	01(k) contributions or payroll savings.	\$	0.00
18.	filing to Do not	ogether, include payr	ments that you make for you or life insurance on your de	ır spouse'	s term life insu	fe insurance. If two married people are urance. g spouse's life insurance, or for any form	\$	5.11
19.	admini	strative agency, suc	The total monthly amount the as spousal or child suppo	rt paymen	its.		\$	1,736.80
20		. ,			• • •	You will list these obligations in line 35.	Ψ	
20.		a condition for your j	hly amount that you pay for	education	i triat is eitrier	required.		
				. 4			\$	0.00
0.4			, , ,		•	ation is available for similar services.	Ψ	
21.	presch	ool.				sitting, daycare, nursery, and	\$	0.00
22		. ,	or any elementary or second	•			Ψ	
22.	that is	required for the heal		ır depend	ents and that i	amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7.		
	Payme	ents for health insura	nce or health savings accor	unts shoul	d be listed onl	y in line 25.	\$	79.05
25.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						+\$	0.00
24.		Il of the expenses a les 6 through 23.	llowed under the IRS exp	ense allo	wances.		\$	4,879.86
Add	itional	Expense Deduction	These are additional <i>Note</i> : Do not include					
25.	insurar					nses. The monthly expenses for health oly necessary for yourself, your spouse,	or	
	Health	insurance		\$	133.05			
	Disabil	ity insurance		\$	0.00			
	Health	savings account		+ \$	0.00	_		
	Total			\$	133.05	Copy total here=>	\$	133.05
		u actually spend this	total amount?					
		actually spend this No. How much do y						
	Do you			\$				
26.	Do you Continuof your	No. How much do y Yes nued contributions ue to pay for the reas household or memb	to the care of household conable and necessary care	or family and supp	oort of an elde nable to pay fo	e actual monthly expenses that you will rly, chronically ill, or disabled member or such expenses. These expenses C. § 529A(b)	\$	0.00
	Do you Continuof your may in	No. How much do y Yes nued contributions ue to pay for the reast household or memic clude contributions to cition against family	to the care of household conable and necessary care of your immediate family o an account of a qualified violence. The reasonably	or family and supp who is un ABLE prog necessary	oort of an elde nable to pay fo gram. 26 U.S. monthly expe	rly, chronically ill, or disabled member or such expenses. These expenses	\$	0.00

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ebtor 1	ORLANDO BABILONIA AYALA		Case number (<i>if kn</i>	own)	17-0	0148	BK ⁻	Γ	
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insura	nce and opera	ating 6	expens	es on			
	If you believe that you have home energy c line 8, then fill in the excess amount of hom	osts that are more than the home energy one energy costs	costs included	in ex	penses	s on			
	You must give your case trustee document amount claimed is reasonable and necessa		ist show that th	he ad	ditiona	I	\$	i	0.0
:	Education expenses for dependent child \$160.42* per child) that you pay for your de public elementary or secondary school.								
	You must give your case trustee document claimed is reasonable and necessary and r	, ,	ıst explain why	the a	amoun	t			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on o	r after the date	e of a	djustm	ent.	\$;	160.4
	Additional food and clothing expense. The higher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standards	ood and clothir s. That amoun	ng ex t canı	penses not be i	are more			
	To find a chart showing the maximum addit instructions for this form. This chart may als			sepa	rate				
•	You must show that the additional amount of	claimed is reasonable and necessary.					\$	i	0.0
	Continuing charitable contributions. The instruments to a religious or charitable orga		e in the form o	of cas	h or fin	ancial			
	Do not include any amount more than 15%	of your gross monthly income.					\$	·	25.0
	Add all of the additional expense deduct Add lines 25 through 31.	ions.					\$		318.47
Dedu	ctions for Debt Payment						-		
lo T	or debts that are secured by an interest bans, and other secured debt, fill in lines o calculate the total average monthly paymeditor in the 60 months after you file for band of the months after your file for band of the	33a through 33e. ent, add all amounts that are contractually					Ave	erage	monthly
00		T / T T T					pay	ment	
33a.						=>	\$_		1,860.61
	Loans on your first two vehicles						_		
33b.	Copy line 13b here					=>	\$ _		317.03
33c.	Copy line 13e here					=>	\$_		0.00
33d.	List other secured debts:								
Name	e of each creditor for other secured debt	Identify property that secures the debt		inclu	s paym ide taxe suranc	es			
					No				
	-NONE-				Yes		\$		
					No				
					Yes		\$		
					No		Ť –		
					No	_	æ		
					Yes	,	\$_		
33e	Total average monthly payment. Add lines	33a through 33d	\$	2,177	7.64	Copy total	١,	5	2,177.64

C	ase:17-00148-BK17		.1/17 Entered:07/11/17 21 Page 40 of 43	L:04:54 Desc: Main
		Document	1 agc 40 01 43	
Debtor 1	ORLANDO BABILONIA AY	'ALA	Case number (if known)	17-00148 BKT

or other	O - 4- 11 05						
_	Go to line 35.						
Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill in	ssession of your property					
Name of the	creditor	Identify property that secu	ires the debt		Total cure amount	Mont	hly cure
		Bosque de la Sierra CAGUAS, PR 00725 423 s/m lot Recorded @: Vol 17 60,311 § Il Caguas	CAGUAS Co	ca			
BSPR		Appraised as of 6/20	016	\$	6,597.00	·	109.95
				\$ \$		÷ 60 = \$ ÷ 60 = +\$	
						Сору	
				Total	\$ 109.95	total here=>	109.95
	past due as of the filing da			,			
_	Go to line 36. Fill in the total amount of a			urrent or			
_	Fill in the total amount of a ongoing priority claims, such	ch as those you listed in lir		urrent or	\$ 2,002,06	: ÷60 ¢	22.20
■ Yes.	Fill in the total amount of a ongoing priority claims, suc Total amount of all past-d	ch as those you listed in lir lue priority claims		urrent or	\$ 2,002.96	_	33.38
Yes.	Fill in the total amount of a ongoing priority claims, suc Total amount of all past-d monthly Chapter 13 plan	ch as those you listed in lir lue priority claims n payment	ne 19.		\$	_	33.38
Yes. 66. Projecte Current I Office of the Exect To find a I	Fill in the total amount of a ongoing priority claims, such Total amount of all past-ded monthly Chapter 13 plan multiplier for your district as the United States Courts (focutive Office for United States ist of district multipliers that included the count of the c	ch as those you listed in lir lue priority claims payment stated on the list issued by or districts in Alabama and s Trustees (for all other dis des your district, go online usir	the Administrati North Carolina) stricts). g the link specified	ive or by		_	33.38
G6. Projecte Current i Office of the Exec To find a l separate i	Fill in the total amount of a ongoing priority claims, such Total amount of all past-ded monthly Chapter 13 plan multiplier for your district as a the United States Courts (focutive Office for United States	ch as those you listed in lir lue priority claims I payment stated on the list issued by r districts in Alabama and s Trustees (for all other dis des your district, go online usin may also be available at the b	the Administrati North Carolina) stricts). g the link specified	ive or by	\$ 100.00	_	
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ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT Debtor 1 Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 6.883.90 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 1,351.24 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 7,527.30 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Сору 0.00 0.00 **Total** here=> \$ Copy 8.878.54 8,878.54 44. Total adjustments. Add lines 40 through 43. here=> -\$ -1,994.64 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Reason for change Date of change Increase or Amount of change Line decrease? ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 □ Decrease ■ 122C-1

■ 122C-2

☐ 122C-1

☐ 122C-2

Decrease

☐ Increase

Decrease

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Debtor 1 ORLANDO BABILONIA AYALA Case number (if known) 17-00148 BKT

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ ORLANDO BABILONIA AYALA

ORLANDO BABILONIA AYALA

Signature of Debtor 1

Date <u>July 11, 2017</u> MM / DD / YYYY

DRAFT

Debtor 1 ORLANDO BABILONIA AYALA

Case number (if known)

17-00148 BKT

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2016 to 12/31/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Medtronics

Income	by	M	lonth:	
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6 Months Ago:	07/2016	\$8,602.69
5 Months Ago:	08/2016	\$5,996.49
4 Months Ago:	09/2016	\$5,996.49
3 Months Ago:	10/2016	\$6,018.99
2 Months Ago:	11/2016	\$5,996.49
Last Month:	12/2016	\$8,692.26
	Average per month:	\$6,883.90

